

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

0809229

FILING DATE

APPLICANT(S)

63010203 6304 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2	1		1		1	
3		1		1		1
4		3		2		1
5		1		1		1
6		1		1		1
7		1		1		1
8		1		1		1
9		1		1		2
10		1		1		2
11		1		1		1
12		1		1		1
13		1		1		1
14		2		2		2
15	1		1			
16		1		1		
17		1		1		
18		1		1		
19		1		1		
20		1		1		
21		1		1		
22		1		1		
23		1		1		
24		1		1		
25		1		1		
26		1		1		
27	1		1			
28		1		1		
29		1		1		
30	1					
31	1		1			
32		1		1		
33		1		1		
34		1		1		
35		1		1		
36		1		1		1
37		1		1		1
38		1		1		1
39		1		1		1
40		1		1		1
41		1		1		1
42		1		1		1
43		1		1		1
44		1		1		1
45		1		1		1
46		1		1		1
47		1		1		1
48		1		1		1
49		1		1		1
50		1		1		1
TOTAL IND.	6		6		6	
TOTAL DEP.		16		16		16
TOTAL CLAIMS	6	16	6	16	6	16

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		1
52		1		1		1
53		1		1		1
54		1		1		1
55		1		1		1
56		1		1		1
57		1		1		1
58		1		1		1
59		1		1		1
60		1		1		1
61		1		1		1
62		1		1		1
63		1		1		1
64		1		1		1
65		1		1		1
66		1		1		1
67		1		1		1
68		1		1		1
69		1		1		1
70		1		1		1
71		1		1		1
72		1		1		1
73		1		1		1
74		1		1		1
75		1		1		1
76		1		1		1
77		1		1		1
78		1		1		1
79		1		1		1
80		1		1		1
81		1		1		1
82		1		1		1
83		1		1		1
84		1		1		1
85		1		1		1
86		1		1		1
87		1		1		1
88		1		1		1
89		1		1		1
90		1		1		1
91		1		1		1
92		1		1		1
93		1		1		1
94		1		1		1
95		1		1		1
96		1		1		1
97		1		1		1
98		1		1		1
99		1		1		1
100		1		1		1
TOTAL IND.		1		1		1
TOTAL DEP.		1		1		1
TOTAL CLAIMS		1		1		1

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/867209

FILING DATE

APPLICANT(S)

10-04 24-08 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/8092009

FILING DATE

APPLICANT(S)

11-28-08 8:30 PM CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/809209

FILING DATE

APPLICANT(S)

4-230X

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS